

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

378

4552

71

63-050650

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 24 1963

1. PLACE OF DEATH

a. COUNTY Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mt. Grove

Length of stay in 1b
4 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Wright

c. CITY OR TOWN Mt. Grove

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 121 West Fifth St.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
121 West Fifth St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Canzada Baker

4. DATE OF DEATH
Month Day Year
December 16, 1963

5. SEX female

6. COLOR OR RACE white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
12-31-76

9. AGE (last birthday)
86

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (City and state or country)
Wright County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Cannon Claxton

13b. MOTHER'S MAIDEN NAME

Nancy Young

14. NAME OF HUSBAND OR WIFE

J.P. Baker (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Treva Baker, Mt. Grove, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Embolism

INTERVAL BETWEEN ONSET AND DEATH
Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Influenza

5 - da

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 3, 1963 to Dec. 15, 1963 and last saw her alive on Dec. 15, 1963
Death occurred at 8:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signee or title)
W.R. Crang D.O.

22b. ADDRESS

Mountain Grove, Missouri

22c. DATE SIGNED

Dec. 18, '63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
12-19-63

23c. NAME OF CEMETERY OR CREMATORY
Mt. Carney Cemetery

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS
J.J. Shadel Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

12-20-63

26. REGISTRAR'S SIGNATURE

Bernice L. Sherman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1141

2 1141

3 2

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9 481X

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12 90-2

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Brie M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.